

# **Personal Campaign Committee**

## Statement of Dissolution

#### **Candidate Information**

Name Lisa Watts Baskin		Telephone Number (801)269-1676		
Office	District Number	Party Count	y of Election	
Senate	23	Republican Statewid		
Street Address 819 East Springwood Drive	Suite/Apartment/PO Box	City Salt Lake City	State Zip UT 84054	

I,	Lisa Watts Baskin				
-,	(Name of Candidate)				
	affirm that my account balance is zero, I have closed my campaign account, dissolved my campaign committee, and I will no longer be receiving contributions or making expenditures for political purposes as a candidate for the above office.				
	admin				
	Signature of Candidate				
	40/00/0000				
12/30/2009					
	Date				

#### To File this Form

Mail or deliver to
Office of the Lieutenant Governor
Utah State Capitol, Suite 220
Salt Lake City, UT 84114
(801)538-1133

### For More Information

Contact the Lieutenant Governor's Office (801)538-1041 1-800-995-VOTE (8683) disclosure@utah.gov

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			Date Received	